

HARRISON RECREATION

2015 FIRST GRADE STRIKERS

WEST HARRISON PARK

The Harrison Recreation Department's goal is to create a fun and challenging environment where players have the ability to learn and play. Each Saturday skills will be demonstrated and practiced. Such skills include: dribbling, shooting, offense, defense and goal. Each session will end with a scrimmage. No team will be allowed to practice on their own. Our objective is fun, fun, fun and learn, learn, learn!

Dates are as follows:

September: 9/19, 9/26, October: 10/3, 10/17, 10/24, and 10/31

Pictures will be held on Sept. 26th

Soccer Picnic 11/7

Thursday, September 17th at West Harrison Senior Annex, Coaches Pick Teams – 7:30pm
(COACHES ONLY PLEASE)

\$55 Application Fee – Please mail or return to Sollazzo Center, 270 Harrison Ave, Harrison, NY 10528 or Leo Mintzer Center, 251 Underhill Avenue, West Harrison, NY 10604

Deadline is Wednesday, September 16th at 5:00 p.m. Applications received after deadline is subject to waiting list and a \$75 registration fee. Players must supply own #4 soccer ball, shin guards & black shorts. League will supply shirt and socks.

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2015 FIRST GRADE STRIKERS

Player's Name _____ Sex _____ Phone _____

Address _____ Town _____ State _____ Zip Code _____

School Child Attends _____ Grade in Sept.2015 _____ E-mail _____

Date of Birth: Month _____ Day _____ Year _____ Parent Harrison 2015 ID # _____ (required)

Health Insurance Company _____ No. _____

We, the parent's of _____ grant him/her permission to play in the Harrison Junior Soccer League. We release the Town/Village of Harrison, Recreation Department and related League personnel from any responsibility should any mishap occur.

Print Father's Name _____ Father's Signature _____

Print Mother's Name _____ Mother's Signature _____

Parents: I will volunteer as: Head Coach Yes No Name _____ Work # _____

Email _____

(Please circle one)

Asst. Coach Yes No Name _____ Cell# _____

Email _____

Patron: \$25 Donation - Additional _____
Sponsor \$150 _____

Make checks payable to: Town/Village of Harrison
Name of team for uniform _____

OFFICE USE ONLY: CHECK # _____ AMOUNT _____ RECEIVED BY _____ DATE _____